

LABOR COMPLIANCE PROGRAM ANNUAL REPORT*Format for Awarding Body that enforces its own Labor Compliance Program for some but not all projects*Report for the reporting period 06/01-2009 to 05/31/2010
(mm/dd/yyyy) (mm/dd/yyyy)

1. Name of Labor Compliance Program (LCP) :

2. LCP I.D. Number (assigned by DIR):

3. Date of Initial Approval:

4. Contact person (include name, title, address, telephone, fax, and e-mail, if available):

Alvin Jenkins, Facilities Director

Compton Unified School District

429 S. Oleander Ave

Compton, Ca 90220

(310) 604-2717 Fax: (310)631-9871 Email: ajenkins@compton.k12.ca.us

5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period?

Please check one: ☐ Yes If Yes, proceed to item 6 on the next page☒ No If No, complete the information below, sign the form and submit to DIR, Office of the Director, Attn: LCP Special Assistant,
455 Golden Gate Avenue, 10th Floor, San Francisco CA 94102

What suggestions do you have for the Department of Industrial Relations to better assist you with your program in the coming year? (attach additional sheets if necessary)

SUBMITTED BY:


SignatureAlvins Jenkins,
Facilities Director

Name and Title

5/12/2010

Date